

Total DBE Commitment to Trucking Firm: \$_____

Indiana Department of Transportation

WEEKLY DBE TRUCKING REPORT A

NOTE: This form is to be submitted by the DBE primary hauler each week of work along with the Weekly Disadvantaged Business Enterprise Trucking Report B to the primary contractor or subcontractor.

To: _____
(Insert Name and Address of primary contractor or subcontractor.)

Re: INDOT Contract: _____ District: _____

1. This report identifies only trucking services eligible for DBE credit, which services were provided for the period beginning _____ and ending _____ with respect to the referenced INDOT contract.
2. Amount of hauling performed using trucks owned by the DBE primary hauler. \$_____
3. Amount of hauling performed for the DBE primary hauler by a supplemental DBE hauler. (Attach a list of the names of each certified DBE hauler from whom trucks were obtained for use on the referenced INDOT contract.) \$_____
4. Amount of hauling performed for the primary hauler by non-DBE, supplemental haulers eligible for full DBE credit during this reporting period. (Should not exceed the total amount entered on Line 2 plus Line 3) All agreements with non-DBE truckers must be under a long term agreement. \$_____
5. Primary hauler's mark up (e.g. brokerage or commissions) on non-DBE, supplemental hauling which is in excess of the amount provided for in Paragraph 4 above and is not eligible for full DBE credit. \$_____
6. Check box if my trucking services are completed on this job. ☐

I AFFIRM, UNDER PENALTIES OF PERJURY, that the above information is true and correct to the best of my knowledge, information and belief.

DBE Primary Hauler Name

By: _____
(Signature)

(Date)

(Title)

To be submitted weekly by Contractor to PE/PS. PE/PS to submit to EEO Officer. EEO Officer submit to CO monthly.